NU-ROC COMMUNITY HEALTHCARE, INC.

35760 NU-ROC LANE

54541 Phone: (715) 674-4477 Ownershi p: Corporati on LAONA Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 61 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 61 Average Daily Census: **59** Number of Residents on 12/31/00: 57

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	22. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	50. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7. 0	More Than 4 Years	26. 3
Day Services	No	Mental Illness (Org./Psy)	26. 3	65 - 74	10. 5		
Respite Care	No	Mental Illness (Other)	3. 5	75 - 84	28. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43. 9	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	10. 5	Full-Time Equivalen	it
Congregate Meals	No	Cancer	3. 5			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	35. 1	65 & 0ver	93. 0		
Transportation	No	Cerebrovascul ar	21. 1			RNs	15. 5
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	2. 3
Other Services	Yes	Respi ratory	0.0			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	10. 5	Male	24. 6	Aides & Orderlies	36. 4
Mentally Ill	No			Female	75. 4		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
***********	****	*********	*****	******	*****	*********	*****

Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Titl	e 18)		(Title 19)		0ther		P	Private Pay			Managed Care			Percent	
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	-		\$270. 85	-	83. 7	\$90. 31	0	0. 0	\$0. 00 \$0. 00	8		\$113.50	0	0. 0	\$0. 00 \$0. 00	47	82. 5%
Intermediate				7	16. 3	\$75.41	0	0.0	\$0.00	3	27. 3	\$111.50	0	0.0	\$0.00	10	17. 5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	3	100. 0		43	100. 0		0	0. 0		11	100. 0		0	0. 0		57	100.0%

NU-ROC COMMUNITY HEALTHCARE, INC.

**********	*****	********	******	******	******	********	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6. 7	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	10. 0	Bathi ng	5. 3		75. 4	19. 3	57
Other Nursing Homes	30.0	Dressi ng	21. 1		54. 4	24. 6	57
Acute Care Hospitals	53. 3	Transferri ng	36. 8		56. 1	7. 0	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	35. 1		49. 1	15. 8	57
Rehabilitation Hospitals	0.0	Eating	61. 4		29. 8	8. 8	57
Other Locations	0.0	**************	*******	*****	******	********	******
Total Number of Admissions	30	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	7. 0	Receiving l	Respiratory Care	5. 3
Private Home/No Home Health	14. 7	0cc/Freq. Incontinen	t of Bladder	59 . 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	20.6	0cc/Freq. Incontinen	t of Bowel	26. 3	Recei vi ng S	Sucti oni ng	0. 0
Other Nursing Homes	8.8				Recei vi ng (Ostomy Care	3. 5
Acute Care Hospitals	2. 9	Mobility			Recei vi ng	Гube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3. 5	Recei vi ng 1	Mechanically Altered Diets	38. 6
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resider	nt Characteristics	
Deaths	52 . 9	With Pressure Sores		1.8	Have Advance	ce Directives	70. 2
Total Number of Discharges		With Rashes		7. 0	Medi cati ons		
(Including Deaths)	34				Receiving l	Psychoactive Drugs	63. 2
**********	*****	********	******	*****	*****	********	*****

		0wn	ershi p:	Bed	Size:	Li c	ensure:		
	Thi s	Pro	pri etary	50-	- 99	Ski l	lled	Al l	
	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 7	80. 4	1. 20	85. 4	1. 13	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	66. 7	74. 2	0. 90	72.9	0. 91	76. 2	0. 88	77. 5	0.86
Admissions from In-County, Still Residing	30. 0	19. 0	1. 58	21.3	1. 41	22. 2	1. 35	21.5	1.40
Admissions/Average Daily Census	50. 8	135. 3	0. 38	101.3	0. 50	112. 3	0. 45	124. 3	0.41
Discharges/Average Daily Census	57. 6	137. 7	0. 42	101.3	0. 57	112. 8	0. 51	126. 1	0.46
Discharges To Private Residence/Average Daily Census	20. 3	57. 0	0. 36	37. 6	0. 54	44. 1	0.46	49. 9	0.41
Residents Receiving Skilled Care	82. 5	89. 4	0. 92	89. 6	0. 92	89. 6	0. 92	83. 3	0. 99
Residents Aged 65 and Older	93. 0	95. 9	0. 97	93. 4	1.00	94. 3	0.99	87. 7	1.06
Title 19 (Medicaid) Funded Residents	75. 4	71.6	1. 05	69. 0	1.09	70. 1	1.08	69. 0	1.09
Private Pay Funded Residents	19. 3	19. 0	1. 02	23. 2	0.83	21. 4	0. 90	22.6	0.85
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	29. 8	35. 9	0.83	41.5	0.72	39. 6	0.75	33. 3	0.89
General Medical Service Residents	10. 5	18. 2	0. 58	15. 4	0. 69	17. 0	0.62	18. 4	0.57
Impaired ADL (Mean)	42. 1	47. 3	0.89	47.7	0. 88	48. 2	0.87	49. 4	0.85
Psychological Problems	63. 2	45 . 0	1.40	51.3	1. 23	50. 8	1. 24	50. 1	1. 26
Nursing Care Required (Mean)	7. 0	6. 7	1. 04	6. 9	1. 01	6. 7	1.04	7. 2	0. 98